2nd and File on or before Sept. 29, 1999 or Limited Liability Company FINAL NOTICE: will be dissolved. FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 JUL 14 PM 3: 45 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 588.75 Name and Mailing Address of Limited Liability Company **DOCUMENT # 19800000097** 1a. Principal Place of Business Address SOFIDEV L.C. 407 LINCOLN ROAD, SUITE 8-R 407 LINCOLN ROAD, SUITE 8-R MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 01/27/1998 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0810712 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office FERRETTI, ALESSANDRO Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN ROAD, SUITE 8-R MIAMI BEACH FL 33139 Suite, Apt. #. etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. lessoandro Ferretti SIGNATURE City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** MGRM FERRETTI, ALLESSANDRO NINE ISLAND AVENUE, #401 MIAMI BEACH FL MGRM CAVALIERI, MAURIZIO 20191 E. COUNTRY CLUB DRIV AVENTURA FL MGRM FIAMBERTI, EUGENIO VIA XX SETTEMBRE 19/6 GENOA 16121 ITALY MGRM MOLLE, ALDO DALLE VIA XX SETTEMBRE 19/6 GENOA 16121 ITALY

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

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attachment with an address.

SIGNATURE: